

PART B - FEE(S) TRANSMITTAL

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019 7590 06/27/2003

ROCHLY, MILNAMOW & KATZ, LTD.
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 CHICAGO, IL 60601



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kim Annel (Depositor's name)
 Kim Annel (Signature)
 September 11, 2003 (Date)

09/15/2003

APPLIC. NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/15/2003	05/15/2001	Helle Outtrup	VAL6131P0208AUS	2878

TITLE OF INVENTION: MUTANTS WHICH PRODUCE A POTENTIATOR OF BACILLUS PESTICIDAL ACTIVITY

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	09/29/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARX, IRENE	1651	435-252500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

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☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122 Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Wood, Phillips, Katz
 2. Clark & Mortimer
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Valent BioSciences Corporation Libertyville, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee

☒ A check in the amount of the fee(s) is enclosed.

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) (Date)

Martin L. Katz Reg. No. 25,011 9/11/03

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09/17/2003 DEHMANU2 00000024 09858207

01 FC:1501

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